



PATENT
Attorney Docket No. PTK-195

#8
5-18-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Cabana et al.
SERIAL NO.: 09/716,729 GROUP NO.: 2622
FILING DATE: 20-Nov-00 EXAMINER: To Be Assigned
TITLE: Method and Apparatus for Optimized Image Processing

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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MAY 05 2004

Technology Center 2600

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir/Madam:

In accordance with the provisions of 37 C.F.R. 1.97 and 1.98, Applicants hereby make of record the patent listed on the accompanying Form PTO-1449, and other information contained herein, for consideration by the Examiner in connection with the examination of the above-identified patent application. A copy of the patent is enclosed.

REMARKS

In accordance with the provisions of 37 C.F.R. 1.97, this statement is being filed (CHECK ONE):

- ☒ (1) within three (3) months of the **filing date** of a national application other than a continued prosecution application under 37 C.F.R. 1.53(d), or within three (3) months of the **date of entry of the national stage** as set forth in 37 C.F.R. 1.491 in an international application, or before the mailing of the **first Office action** on the merits, or before the mailing of a **first Office action** after the filing of a request for continued examination under 37 C.F.R. 1.114; or
- ☐ (2) after the period defined in (1) but before the mailing date of a **final action** or a **notice of allowance** under 37 C.F.R. 1.311, and
- ☐ the requisite Statement is below, **OR**
- ☐ the requisite fee under 37 C.F.R. 1.17(p), namely **\$180.00**, is included herein, or

- ☐ (3) after the mailing date of a **final action** or **notice of allowance** but before the payment of the **issue fee**, **AND**
- ☐ the requisite Statement is below, **AND**
- ☐ the requisite petition fee under 37 C.F.R. 1.17(p), namely **\$180.00** is included herein.

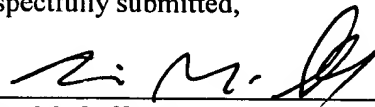
It is respectfully requested that the patent listed on the attached Form PTO-1449, and other information contained herein, be made of record in this application.

STATEMENT

As required under 37 C.F.R. 1.97(e), Applicants, through the undersigned, hereby state either that:

- ☐ 1. Each item of information contained in the Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign application **not more than three months** prior to the filing of the Information Disclosure Statement; or
- ☐ 2. No item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing this Statement after making reasonable inquiry, no item of information contained in the Information Disclosure Statement was known to **any individual** designated in 37 C.F.R. 1.56(c) **more than three months** prior to the filing of the Information Disclosure Statement.

Respectfully submitted,



Brian M. Gaff, Esq.
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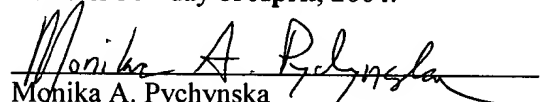
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TITLE: Method and Apparatus for Optimized Image Processing

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the **Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450** on this 30th day of April, 2004.


Monika A. Pychynska

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

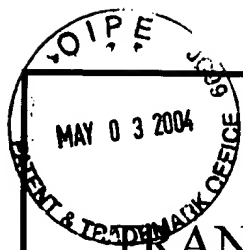
Sir/Madam:

Submitted are:

- (1) Transmittal Form (1 pg.);
- (2) Supplemental Information Disclosure Statement (2 pgs.);
- (3) PTO Form-1449 (1 pg.);
- (4) copy of reference cited (B6); and
- (5) a return receipt postcard.

VER 9/00

GAFFBM465\2.3060749_1



TRANSMITTAL FORM

Application Serial Number	09/716,729
Filing Date	November 20, 2000
First Named Inventor	Cabana
Group Art Unit	2622
Examiner Name	To Be Assigned
Attorney Docket No.	PTK-195
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

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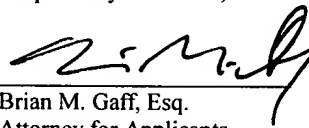
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copy of IDS Citation (B6)	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

CORRESPONDENCE ADDRESS

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SIGNATURE BLOCK

Respectfully submitted,

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